

## Comment Card

\*\*\*NOTICE\*\*\*



Zoning and Platting  
Commission

Your Information may be subject to the Open Records Request.

Agenda Item #: 3

Please indicate your position on this item:

- ☒ FOR the request  
☐ AGAINST the request  
☐ NEUTRAL / UNDECIDED  
☐ None of Above: Citizens Communication

Do you wish to speak on this item?

- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Bill Puryear

Address (Optional)

11503 N. Oaks Dr.

Austin Tx

Phone (Optional)

512-627-4546

Date

2 Aug 16

## Comment Card

\*\*\*NOTICE\*\*\*



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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Justine Martone

Address (Optional)

11503 No Oaks Dr.

Austin TX 78753

Phone (Optional)

512 663-0845

Date

8-2-16

## Comment Card

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

BRYAN POYSER

Address (Optional)

11705 SPRING HILL DR

AUSTIN TX 78753

Phone (Optional)

512 507 5197

Date

8/2/16

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If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Anne M. Psencik

Address (Optional)

916 Berrywood Drive

Austin, TX 78753-2403

Phone (Optional)

512/623-0988 (cell)

Date

08/02/16

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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Sheryl C. Cathey

Address (Optional)

11705 Oak Haven Rd

Austin, TX 78753

Phone (Optional)

Date

8/2/16

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Kay Johnson

Address (Optional)

11802 OAK HAVEN ROAD

Austin, TX

Phone (Optional)

512-836-1762

Date

8/2/16



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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

MARCUS CATHERY

Address (Optional)

11705 OAK HAVEN RD

AUSTIN TX 78753

Phone (Optional)

Date

8.2.16

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☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

MICHAEL KENT

Address (Optional)

11502 JUNE DR

Phone (Optional)

512-

954-9456

Date

8/2/16

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If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Ben Sherman

Address (Optional)

11507 June Dr

Phone (Optional)

512 762 5031

Date

8/2/16

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If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

ELEANOR COY

Address (Optional)

11511 DAK TRL

AUSTIN TX 78753

Phone (Optional)

512 - 339. 2215

Date

8/2/16

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If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Cheryl Richter

Address (Optional)

11513 Oak Trl

Austin, TX. 78753

Phone (Optional)

512-439-9670

Date

8-2-16

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Homer L. Johnson

Address (Optional)

11802 Oak Haven Rd.

Austin, TX 78753

Phone (Optional)

512 836.1762

Date

8/2/16



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- ☒ YES  
☐ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Vanessa Matocha

Address (Optional)

910 Berrywood

Austin TX 787

Phone (Optional)

512-785-1771

Date

7/2/16

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- ☒ YES  
☐ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom? Vanessa Matocha

Name (Please PRINT)

Jennifer Vincent

Address (Optional)

11309 JMC Drive

Austin, TX 78753

Phone (Optional)

714 201 0419

Date

8/2/16

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom? Vanessa Matocha

Name (Please PRINT)

Debra Sue Tringue

Address (Optional)

11303 April Drive

Austin TX 78753

Phone (Optional)

512-466-4935

Date

8/2/16

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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

HAROLD VON ROSENBERG

Address (Optional)

1302 July DRIVE AUSTIN, TX 78753

Phone (Optional)

Date

8/2/2016

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom? VANESSA MATOCHA

Name (Please PRINT)

MICHAEL O'DONOVAN

Address (Optional)

11911 N OAKS DR

Phone (Optional)

Date

2016-08-02

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If No, Do you wish to donate your time?

- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Susan von Rosenberg

Address (Optional)

1302 July

Austin 78753

Phone (Optional)

Date

8-2-16



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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Erwin D Kelley

Address (Optional)

11503 Trinity Hill Dr  
Austin 78753

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Faith Kelley

Address (Optional)

11503 Trinity Hill Dr  
Austin TX 78753

Phone (Optional)

Date

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- ☐ YES  
☒ NO

If Yes, To whom?

Name (Please PRINT)

Sara Appleton

Address (Optional)

11001 Springhill Dr.

Phone (Optional)

Date

8/2/16

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☐ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

Lester Johnson

Address (Optional)

11403 June Dr Austin

Phone (Optional)

Date

8/2/14

# Comment Card

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- ☐ YES  
☒ NO

If No, Do you wish to donate your time?

- ☒ YES  
☐ NO

If Yes, To whom?

V. Matlock

Name (Please PRINT)

Lester Johnson

Address (Optional)

11403 June Dr, Austin

Phone (Optional)

Date

8/2/16



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☒ NO

If No, Do you wish to donate your time?

- ☐ YES  
☐ NO

If Yes, To whom?

Name (Please PRINT)

KIM HOSANC

Address (Optional)

1705 Spring Hill Dr.

Austin, TX 78753

Phone (Optional)

281-660-7107

Date

08/02/16